

EXHIBIT “B”



125 EAST 11TH STREET, AUSTIN, TEXAS 78701-2483 | 512.463.8588 | WWW.TXDOT.GOV

Thu, 12 May 2022

STATE OF TEXAS §

This is to certify that I, Jim Hollis, am employed by the Texas Department of Transportation (Department); that I am the Custodian of Motor Vehicle Crash Records for such Department; that the attached is a true and correct copy of the peace officer's report filed with the Department referred to in the attached request with the crash date of Tue, 11 January 2022, which occurred in Bowie County; that the investigations of motor vehicle crashes by peace officers are authorized by law; that this Texas Peace Officer's Crash Report is required by law to be completed and filed with this Department; that this report sets forth matters observed pursuant to duty imposed by law as to which matters there was a duty to report, or factual findings resulting from an investigation made pursuant to authority granted by law.

A handwritten signature in black ink that appears to read "Jim Hollis".

Jim Hollis
Director, Crash Data & Analysis Section
125 East 11th Street
Austin, TX 78701-2483
1-844-274-7457



OUR VALUES: People • Accountability • Trust • Honesty
OUR MISSION: Connecting You With Texas

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Texas Peace Officer's Crash Report (Form CR-3 1/1/2018)

Mail to: Texas Department of Transportation, Crash Data and Analysis, P.O. Box 149349, Austin, TX 78714. Questions? Call 844/274-7457

Refer to Attached Code Sheet for Numbered Fields

*=These fields are required on all additional sheets submitted for this crash (ex.: additional vehicles, occupants, injured, etc.).

Page 1 of 2

IDENTIFICATION & LOCATION	*Crash Date (MM/DD/YYYY) 01 / 11 / 2022				*Crash Time (24HRMM) 1 0 4 5				Case ID 22-003420				Local Use															
	*County Name BOWIE				*City Name TEXARKANA								<input type="checkbox"/> Outside City Limit															
	In your opinion, did this crash result in at least \$1,000 damage to any one person's property? <input type="checkbox"/> Yes <input type="checkbox"/> No				Latitude (decimal degrees)				Longitude (decimal degrees)																			
	ROAD ON WHICH CRASH OCCURRED																											
	*1 Rdwy. Sys.		*Hwy. Num.		2 Rdwy. Part		1		Block Num. 2800		3 Street Prefix S		* Street Name BISHOP		4 Street Suffix RD													
	<input type="checkbox"/> Crash Occurred on a Private Drive or Road/Private Property/Parking Lot		<input type="checkbox"/> Toll Road/ Toll Lane		Speed Limit		55		Const. Zone <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Workers Present <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Street Desc.															
	INTERSECTING ROAD, OR IF CRASH NOT AT INTERSECTION, NEAREST INTERSECTING ROAD OR REFERENCE MARKER																											
	At Int. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		1 Rdwy. US Sys.		Hwy. Num. 59		2. Rdwy. Part 1		Block Num. 4000		3 Street Prefix		Street Name LAKE		4 Street Suffix DR													
	Distance from Int. or Ref. Marker 250				<input type="checkbox"/> FT <input checked="" type="checkbox"/> MI		3 Dir. from Int. or Ref. Marker S		Reference Marker		Street Desc.		RRX Num.															
	Unit Num. 1	5 Unit Desc. 1		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State AR		LP Num. K790168		VIN 1 F U J G E D V X D S B Z 6 1 8 2																
Veh. Year 2 0 1 3	6. Veh. Color WHI		Veh. Make FREIGHTLINER		Veh. Model CASCADIA 125				7 Body Style TT				<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)															
8 DL/ID Type 2	DL/ID State TX		DL/ID Num. 13024563		9 DL Class A		10 CDL End. N, P, S		11 DL Rest. A		DOB (MM/DD/YYYY) 0 5 / 2 5 / 1 9 6 9																	
Address (Street, City, State, ZIP) 3521 CONNIE LN TEXARKANA, TX 75503																												
VEHICLE, DRIVER, & PERSONS	Name: Last, First, Middle Enter Driver or Primary Person for this Unit on first line														<input type="checkbox"/> Not Applicable - Alcohol and Drug Results are only reported for Driver/Primary Person for each Unit.													
	12 Psn. Type 1	13 Seat Position													14 Injury Severity	Age	15 Ethnicity	16 Sex	17 Eject.	18 Restr.	19 Airbag	20 Helmet	21 Sol.	22 Alc. Spec.	Alc. Result	23 Drug Spec.	24 Drug Result	25 Drug Category
	1	1	1	GLOVER, JEFF												B	52	W	1	1	1	1	97	N	96	96	97	97
	<input type="checkbox"/> Owner	Owner/Lessee																										
	<input type="checkbox"/> Lessee	Name & Address ABERNATHY COMPANY INC, 3820 E 19TH ST TEXARKANA, AR 71854																										
	Proof of <input type="checkbox"/> Yes <input type="checkbox"/> Expired	26 Fin. <input type="checkbox"/> No <input type="checkbox"/> Exempt	Fin. Resp. Resp. Type 2		Fin. Resp. Name STARR INS COMPANY		Fin. Resp. Num. 1000638049211																					
	Fin. Resp. Phone Num. 501-372-5200					27 Vehicle Damage Rating 1 - L & T - 3					27 Vehicle Damage Rating 2 - - -					Vehicle Inventoried <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	Towed By Red River Wrecker					Towed To 916 N. Robison Rd.																						
	Unit Num. 2	5 Unit Desc. 6		<input type="checkbox"/> Parked Vehicle		<input type="checkbox"/> Hit and Run		LP State AR		LP Num. PT149270		VIN 1 J J C 4 0 2 1 1 N L 1 7 9 6 8 5																
Veh. Year 1 9 9 2	6. Veh. Color BRO		Veh. Make WABASH NATIONAL CORP		Veh. Model UNKNOWN						7 Body Style TL	<input type="checkbox"/> Pol. Fire, EMS on Emergency (Explain in Narrative if checked)																
8 DL/ID Type	DL/ID State		DL/ID Num.		9 DL Class		10 CDL End.		11 DL Rest.		DOB (MM/DD/YYYY)																	
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DISPOSITION OF INJURED/KILLED	Unit Num.	Prsn. Num.	Taken To		Taken By		Date of Death (MM/DD/YYYY)	Time of Death (24HR:MM)
	1	1	WADLEY HOSPITAL		LIFE NET			

CHARGES	Unit Num.	Prsn. Num.	Charge					Citation/Reference Num.

DAMAGE	Damaged Property Other Than Vehicles			Owner's Name			Owner's Address		

CMV	Unit Num. 1	<input checked="" type="checkbox"/> 10,001+ LBS.	<input type="checkbox"/> TRANSPORTING HAZARDOUS MATERIAL	<input type="checkbox"/> 9+ CAPACITY	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes	28 Veh. Oper. 1	29 Carrier ID Type 1	Carrier ID Num. 00356237	
	Carrier's Corp. Name ABERNATHY COMPANY INC		Carrier's Primary Addr. 3820 E 19TH ST TEXARKANA, AR 71854					30 Veh. Type 9		
	31 Bus Type 0	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	8 0 0 0 0	HazMat Released <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	32 HazMat Class Num. ID Num.	HazMat ID Num.	32 HazMat Class Num. ID Num.	HazMat ID Num.	33 Cargo Body Type 3	
	Unit Num. 2	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	4 0 0 0 0	Type 2	CMV Disabling Damage?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Unit Num.	<input type="checkbox"/> RGVW <input checked="" type="checkbox"/> GVWR	34 Trlr. Type	CMV Disabling Damage?
	Sequence Of Events	35 Seq. 1 3	35 Seq. 2	35 Seq. 3	35 Seq. 4	Intermodal Shipping Container Permit	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Actual Gross Weight	Total Num. Axles	

FACTORS & CONDITIONS	36 Contributing Factors (Investigator's Opinion)				37 Vehicle Defects (Investigator's Opinion)				Environmental and Roadway Conditions					
	Unit #	Contributing		May Have Contrib.	Contributing		May Have Contrib.	38 Weather Cond.	39 Light Cond.	40 Entering Roads	41 Roadway Type	42 Roadway Alignment	43 Surface Condition	44 Traffic Control
	1	60		50				1	1	97	4	4	1	17

NARRATIVE AND DIAGRAM	Investigator's Narrative Opinion of What Happened (Attach Additional Sheets if Necessary)							Field Diagram - Not to Scale						
	<p>UNIT 2 WAS BEING TOWED BY UNIT 1. UNIT 1 WAS TRAVELING EAST ON US 59 AND PROCEEDED TO TURN RIGHT (SOUTH) ON S. BISHOP RD. AS UNIT 1 CONDUCTED HIS RIGHT TURN UNIT 1 AND UNIT 2 ROLLED ON ITS SIDE CAUSING DAMAGE TO BOTH UNITS. THE DRIVER OF UNIT 1 STATED HE WAS UNSURE WHAT HAPPENED. THIRD PARTY WITNESSES STATED IT DID NOT APPEAR AS IF HE WAS GOING TOO FAST BUT THAT HE JUST OVERTURNED. WITNESS SHELIA SMITH (903) 949-2099. WITNESS CURTIS MCCHESTER (903) 556-2456. WITNESS THOMAS MCQUEEN (530) 340-1293.</p>													

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INVESTIGATOR	Time Notified (24HR:MM)	1 0 4 6	How Notified	DISPATCH	Time Arrived (24HRMM)	1 0 5 3	Report Date (MM/DD/YYYY)	01/11/2022
	Invest. Comp.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Investigator Name (Printed)				ID Num. 0254	
	ORI Num.	T X 0 1 9 0 5 0 0	*Agency TEXARKANA POLICE DEPARTMENT				Service/Region/DA	0 1